

CEMETERY MARKER/MONUMENT
INSTALLATION PERMIT

Name of Cemetery: _____

Name(s) Inscribed: _____

Grave Location/Description: _____

TYPE OF STONE:

- ☐ Cremains Pedestal _____
- ☐ Bevel _____
- ☐ Bronze _____
- ☐ Estate Columbarium _____
- ☐ Slant _____
- ☐ Veteran Marker _____ (Fee waived for Government issued marker)
- ☐ Monument _____

Dimensions of Foundation & Marker/Monument: _____

CONTRACTOR RECORDING FEE: \$36.00 (2021 Rate)

☐ Cash ☐ Check ☐ Credit Card
Permit and receipt will be issued upon payment)

Proposed Install Date of Foundation: _____

Proposed Install Date of Marker/Monument: _____

Installation Company: _____ Phone #: _____

Address: _____ State: _____ Zip: _____

(Signature of Monument Company Representative)

Date

(Print name)

Permit Approved: _____

(Signature of Cemetery Staff)

Date

REQUEST TO HAVE SITE MARKED/FLAGGED: ☐ Yes ☐ No

NOTE: ON-SITE PERMIT REQUIRED AT TIME OF INSTALLATION.